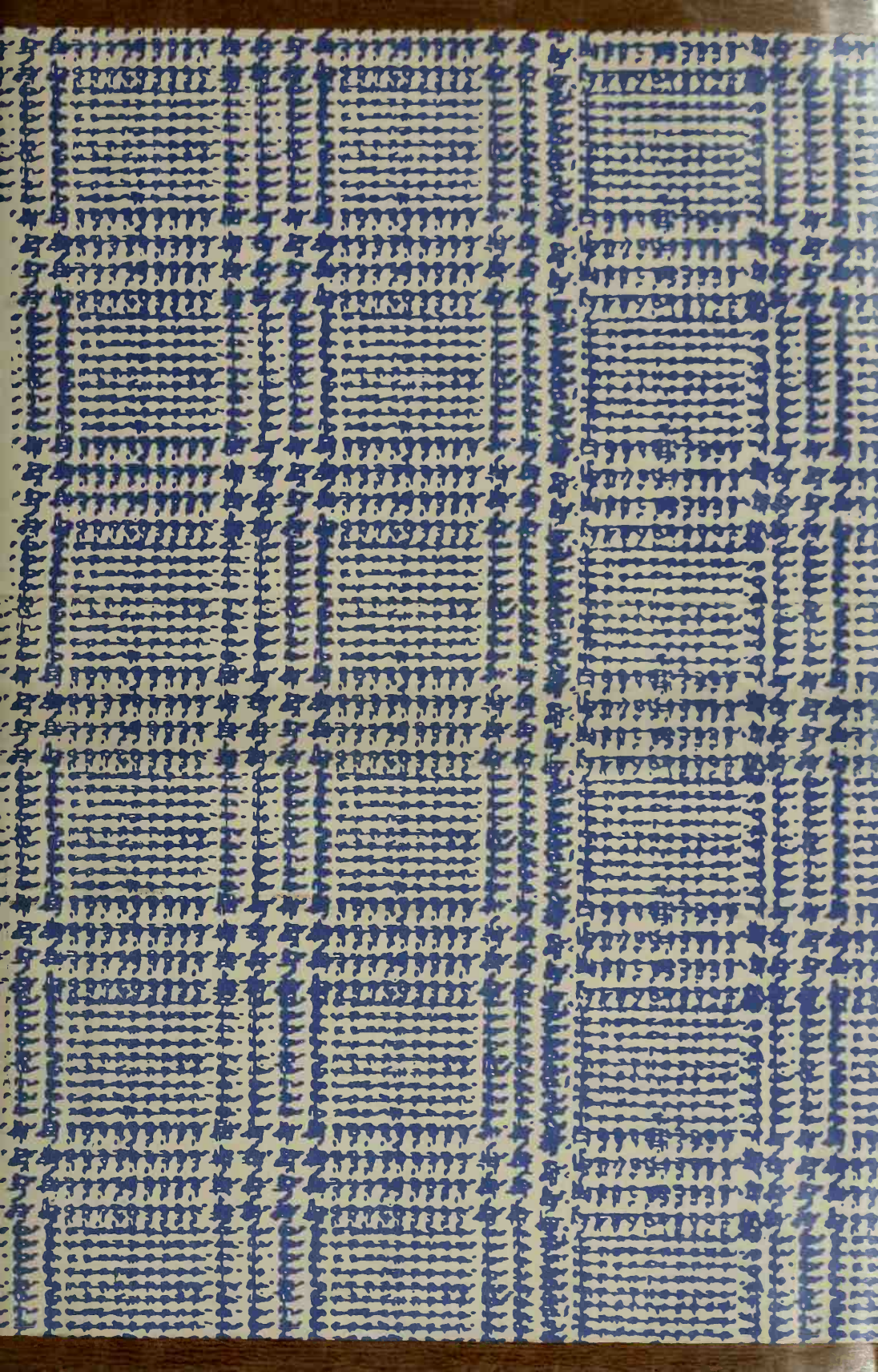

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THE NEWS LETTER

Published five times a year, in February, April, June, October, and December, by the National Committee *for the* Prevention of Blindness, Inc., at 130 East Twenty-second Street, New York, N. Y.

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Number 49 NEW YORK, N. Y. December, 1924

ANNUAL CONFERENCE NUMBER

Heretofore the National Committee for the Prevention of Blindness has held an annual meeting at which the business of the organization was taken up by the members and some special phase of the activities presented by one or more speakers.

For some time past it has been felt that the broadened interests of the committee have outgrown this type of meeting; arrangements were therefore made to hold a week's conference beginning November 10th. As this change of program was somewhat in the nature of an experiment, large audiences were not looked for; nor indeed were efforts made to get people to come from a distance. It was, therefore, a very great gratification to the committee to have the conferences not only well attended by groups of interested people, but to find that these were exceedingly representative.

Annual Business Meeting

The annual business meeting was held November 13, 1924, at half-past four o'clock. The president, Hon. William Fellowes Morgan, in his opening address, stated that it was a pleasure to inform the members of the National Committee for the Prevention of Blindness that in all respects the business concerns of the committee are being carefully directed and that the financial condition is satisfactory.

The Managing Director, Mr. Lewis H. Carris, reported on the general progress made and on the activities along specialized lines.

The nominating committee, composed of Dr. W. H. Luedde, of St. Louis, Missouri, chairman; Miss Estella Lawes, of Cincinnati, Ohio, and Mr. William Addicks, of Newark, N. J., presented the following names for election to the office of Board of Directors for the term 1924–1927:

Dr. Ellice M. Alger
Mr. Carl A. de Gersdorff
Mr. Homer Folks
Mrs. Winifred Holt Mather
Mr. William Fellowes Morgan
Mr. James Munroe
Mr. John D. Wilkie
Mr. Russell Tyson
Mrs. William B. Rice

They were unanimously elected.

The speaker of the afternoon was Dr. Lucien Howe, of Buffalo, New York, who gave an address, illustrated by charts, on Hereditary Blindness. In brief he said that some years ago a committee of the American Medical Association, appointed to ascertain what diseases of the eye were hereditary, reported that these were, principally, the diseases of the choroid, the lens, the retina and the optic nerve; that, in the United States, from 5,000 to 7,500 of the blind population are blind from hereditary causes. He explained by the help of charts Prof. Guyer's experiments at the University of Wisconsin to produce blindness in rabbits. Since, however, family histories do not always appear to follow the mendelian law of inheritance, much more research is necessary.

Annual Meeting of Board of Directors and Advisory Council

The annual dinner meeting of the Board of Directors and the Advisory Council was held November 13th at six-thirty o'clock at the City Club of New York. In the absence of Mr. Morgan, Dr. Park Lewis, first vice-president, presided. In the opening address Dr. Lewis gave some very interesting data and suggestions that will be of general interest:

"During the decade that has elapsed since the formation of the National Committee for the Prevention of Blindness, its active control has almost entirely changed. We have been most fortunate in having at its head as a successor to Hon. Joseph H. Choate, so able and helpful a president as Mr. William Fellowes Morgan. We were particularly happy in retaining for so long a time as Managing Director, Mr. Edward M. Van Cleve, who was able as one of our founders to pass to his successor, Mr. Lewis H. Carris, the traditions that have inspired our work from the start. There are

many, I am sure, however, to whom the history of the movement cannot be known and it may be of interest briefly to touch upon this.

"It is, of course, a time when all surgeons who treat diseases of the eyes are actively engaged in preventing blindness, but as a scientific branch of medicine this dates back only through the memory of two lives. My own teacher, Professor Hermann Knapp, was a contemporary and a member of a group of distinguished ophthalmologists some of whom were directly concerned with the first popular movement to prevent blindness.

"Over forty years ago a distinguished authority said that one-third of all existing blindness should have been prevented, one-third might have been prevented and that only one-third was inevitable, and no longer than three years ago Dr. Bishop Harman, of London, made a similar statement based upon statistics obtained from the British Isles.

"Advances in medicine and surgery have been such that much more indeed is accomplished by the ophthalmologist, but the increase in population and the failure to educate the people in right hygienic measures still leave a deplorably large amount of blindness which should never have been allowed to occur.

"The first organized work for the prevention of blindness came from England. Shortly after Credé had announced his notable discovery that silver nitrate properly applied would prevent the loss of the eyes of new-born babies from certain of the infections to which they were subject, the London Society for the Prevention of Blindness was formed. The names of two men are prominent in the activities of this Society, those of Dr. Roth and Dr. Dudgeon. Under their inspiration large numbers of leaflets and pamphlets were broadcasted giving popular information concerning the hygiene of the eyes. It soon became apparent that their well meant efforts were to the needs as a drop in the ocean. They found, too, that they were accomplishing little because of the absence of authoritative names, in support of their movement. The idea was conceived, therefore, to give the needed wider publicity under right auspices by the offer of a prize for the best essay on the prevention of blindness to be open to writers of the whole of Europe. The offer was made at the Fourth Congress for Hygiene held at Geneva in 1884, and on being accepted a prize committee consisting of some of the most eminent ophthalmologists and hygienists of that time was selected. On that committee were such men as Streetfield of London, Dufour of Lausanne, Raymond of Turin, Snellen of Utrecht, and others of equal standing. At the Fifth Congress for Hygiene held at Geneva in 1886 the prize was awarded to the already eminent Professor of Ophthalmology of Liège, and still the dean of the profession at Vienna, Dr. Ernest Fuchs. It covered the entire field of preventive ophthalmology and is as

practical in its application today (although it is long since out of print) as it was then.

"The volume never had a wide circulation, however, and after a few years the movement as a popular effort—the form in which it could be most effective—apparently ceased. Within the medical profession the effort to prevent the unnecessary waste of human eyes was never allowed to languish.

"For twenty years at every medical gathering the voice of one man was never silent. His constant cry, like that of the old Roman, was 'ophthalmia neonatorum must be controlled.' We have with us tonight Dr. Lucien Howe, through whose efforts laws were enacted in many states of the Union requiring midwives to report all cases of inflammation of the eyes of children under their ministrations.

"The first official commission for the study of blindness, its causes and its prevention, was appointed by the Governor of the State of New York in 1903. The appropriation for the work was so small that a second commission was appointed by the Governor in 1906. . . . It seemed to the Commissioners that the prevention of blindness was even more important than the care of the blind, so this report when presented to the Legislature was freely illustrated with pictures of children in groups of two or three under which appeared such a caption as 'Unnecessarily Blind.' Under another picture, a group of seventy-five consisting of the school choirs of Batavia, the statement read 'One-third of these need not have been blind had proper care been taken at their birth.'

"It will not be necessary to refer here to the work done through the American Medical Association by a committee appointed by the President, Dr. Charles Mayo, and which functioned for a number of years, but it would be unfair not to mention the splendid support given to that work by one of our own members through these years, Dr. J. Clifton Edgar, Professor of Obstetrics in Bellevue College.

"The report of the New York State Commission sent out to all state officials came under the eye of a very remarkable and very great woman, Miss Louisa Lee Schuyler, a distinguished descendant of a most distinguished ancestry, a woman with a rare keenness of perception and one who has the decision to act when action is necessary. She has herself told elsewhere how this volume met her eye, how she was startled by the thought that all blindness was by no means inevitable, and that by simple measures much of it might be avoided.

"Then an important discovery was made. It was that highly intelligent people who had given much of their lives to social service were not aware that blindness was often a preventable affliction. Miss Schuyler immediately sent for the chairman of the commission. Ways and means were discussed and within a month

the Russell Sage Foundation, of which Miss Schuyler was a member, had made an appropriation of five thousand dollars for the founding of a society for preventive work. . . .

"Its success is an illuminating indication of what can be done, and so I want to indicate very briefly the plans we have for the future:

> "First—More national work; not necessarily by going into various communities and organizing associations, but by stimulating communities and offering them the use of valuable material already collected.
>
> "Second—International work; to be initiated by a preliminary conference of representatives of different countries brought together in such a way as to utilize existing organizations and existing material in the most advantageous manner."

Dr. Lucien Howe gave a brief résumé of his talk of the afternoon, ending with the expression of opinion that it is not sufficient to educate the public: legislation must be enacted, not necessarily to prevent marriage between persons blind from hereditary causes, but to make mandatory the giving of bonds for the support of blind offspring resulting. Dr. Charles B. Davenport, leading eugenist of the United States, in a brief address stated that more than this is necessary; that it would be necessary to educate the medical men who would serve on a committee to decide whether marriage may possibly lead to blindness in offspring. "The fact is, I think, that the eugenist would hesitate today to give an opinion; he lacks knowledge. That is the appalling situation in regard to all hereditary disease. We lack precise knowledge as to the consequence of particular matings. This lack of knowledge, which is so obvious to any student of heredity, should be done away with so far as possible, and this result can only be brought about by research."

Brief addresses were given on the subjects of national and international work by Dr. Snow, Director of the American Social Hygiene Association, Dr. Lavindar, of the United States Public Health Service, Mr. Edward M. Van Cleve, former Managing Director of the National Committee for the Prevention of Blindness, Mr. Munroe, President of the Twentieth Century Club of Boston, Dr. Luedde, Chairman of the Committee on Prevention of Blindness of the Missouri State Commission for the Blind, and Dr. Berens, Chairman of the Research Committee on Causes of Blindness.

Miss Helen Keller, Honorary Vice-President of the National Committee for the Prevention of Blindness, gave the following inspiring message:

"It is always pleasant to meet people who are full of a great purpose. I have followed your endeavors for prevention of blindness with profound interest, and I have rejoiced in the progress you have made from year to year. The beneficent results of your work cannot be measured. Its blessing does not stop with the present, but overflows into the future.

"We are living in an age of constructive philanthropy. The old idea was to alleviate pain, and to help the victims of disaster to live as contentedly as might be. Misfortune was looked upon as God's yoke, to be borne with fortitude. Very slowly this idea has been discarded as a superstition, and as a hindrance to right thinking and better living.

"The modern idea is to prevent, to root out the evils that destroy the eyes, the ears, the lives and the happiness of men. We are now entering upon a truceless war to exterminate the causes which lie at the root of disease. That is the only kind of war I believe in. It is the true battle of God against the infidel. We know that hospitals and institutions for defectives are not permanent temples of salvation. They are only temporary campsites along the way upon which the race is journeying towards a happier life—not in a dreamed-of paradise, but here on earth.

"Already whole communities refuse to condemn thousands of children to labor which dwarfs their bodies and minds; and the thought is becoming intolerable that any human being should be wantonly plunged into the abyss of blindness. It is time for us all to wake from our Lotus sleep, and accept the responsibilities of men and women out of which grow their achievements.

"It is easy to follow the old roads, to keep alive the tradition that all is well with the world because God is in His Heaven. It is hard to think, to investigate, to substitute action for pity and right conditions for charity; but that is the price we must pay, so that all may indeed be well with the world. That state cannot prosper whose citizens are kept in ignorance of the knowledge that saves, and in mental and spiritual poverty.

"I read in the October issue of THE NEWS LETTER about a baby who is so nearly blind that he will have to be educated in a school for the sightless. This baby was born two and a half years ago at one of the hospitals in a large city of this state. It seems to me that this can mean just one thing—gross carelessness on the part of somebody. We live in an age of publicity. Should not the public have been acquainted with the facts in the case and the responsibility placed where it belongs? I realize that it is a matter for thankfulness that the case was reported at all. Not so very

long ago the blindness of that baby would have been regarded as an inevitable misfortune. The little victim would have been pitied, and in the course of time sent to an institution. But now we know that the cruel, fruitless beating of clipped wings against dark windows of that human spirit need never have been if prompt, effective treatment had been given the infant's eyes.

"All our individual and collective responsibilities and duties to our fellow-beings should be constantly impressed upon all minds. More and more we should come to understand that we are our brother's keeper, and that a state is great in proportion to the opportunities which it affords its citizens to become healthy, useful, happy human beings.

"I am glad to learn the establishment of an international association for the saving of eyesight is contemplated. Prevention, in its very nature, is related in a multitude of ways to the life of all mankind.

"A new will has come into the world—not a will to power, but a will to service. Everywhere, I feel, there is a growing desire to restore, to rehabilitate, to reclaim, and to promote better living for all men. It seems to me, we Americans are foreordained to lead in humanitarian enterprises. We are prosperous, we are bubbling over with youthful energy and optimism. We can, if we are so minded, roll back the clouds of calamity which overshadow the world. We can keep the torch of service bright in every land.

"What nobler tribute could be paid to the memory of the young men of America who died for world freedom? Friendship and co-operation between nations are the most effective barriers to war. Knowledge and sympathy travel like light, and make all the common roads of the earth safe for everybody to walk in unafraid. An international association for the prevention of disease and the conservation of health would be a long step towards creating the thing we hope for out of the travesty we call civilization."

Institute for Volunteer Workers

Because of the increasing amount of volunteer assistance rendered the National Committee, in its work for conserving the eyesight of children, on November 10th, 11th, and 12th, an Institute was held for the training of new workers and the particular consideration of volunteer service.

Mr. Charles B. Hayes, Information and Publicity Director, American Foundation for the Blind, in the first half-hour of the Institute gave the audience a glimpse into the situation of the blind in the United States and the problems arising in regard to their employment. Mrs. Hathaway followed with a brief résumé of the prevention of blindness movement from its inception to the

present time. She spoke of the increased interest on the part of the public in sight conservation and the awakened desire to be of service in this field, as evidenced by volunteer committees actively at work. Miss Annette Parke, Chairman of the Philadelphia Junior League Committee for the Prevention of Blindness, then made a report of her committee's work during the past year; this led to a general discussion of the field for volunteer service.

In the afternoon Dr. Walter Baer Weidler gave a clear, simple description of the eye's anatomy and of refractive errors, emphasizing the fact that those dealing with prevention of blindness should have a thorough knowledge of the eye and its mechanism. Dr. Ellice M. Alger, in speaking of eyestrain and its relation to general health, called attention to the elusiveness of eyestrain and the tendency in this modern age of conveniences to strain both healthy and abnormal eyes. While over emphasis is often laid on ills resulting from eyestrain and on the necessity of glasses, the opposite swinging of the pendulum gives us an exaggerated idea of the extent to which eyes can be corrected without glasses. Both Dr. Weidler and Dr. Alger brought out forcibly the necessity of careful judgment in one's choice of medical advisers.

Demonstration talks to imaginary audiences of children from eight to fifteen years of age were given Tuesday morning, so that attendants at the Institute might see how the message of sight-saving is put across to school girls and boys; also that there might be discussion as to the wisdom of using volunteers for such service. The consensus of opinion was that these talks are appropriate and practical for use by volunteer workers. It should be borne in mind, however, that medical advice must not be given by the lay worker.

Tuesday afternoon Dr. Thomas H. Curtin spoke on common eye diseases and infections. Encouraging points brought out in his talk were the marked decrease of blindness from babies' sore eyes during the last fifteen years, and the diminishing amount of trachoma in various localities—both due to untiring efforts to educate the public in proper hygiene and preventive measures and to the enactment of more effective Federal and state legislation. Dr. Curtin emphasized the fact that a good oculist must be a good general practitioner, thoroughly understanding the relation between the eye and the body and the effect the one has on the other.

He was followed by Mr. Louis Resnick, who discussed injuries to the eyes through accidents as constituting the most serious single

cause of blindness. He brought out the facts that industrial accidents are responsible for 15% of blindness in the United States; that an appreciable reduction has been made of eye injuries in those industries with good safety programs. He emphasized the need for a widespread recognition by employers and employees alike of the danger and the importance of safeguarding workmen's eyes. Mr. Resnick spoke of the prevention of blindness worker's opportunity to bring to the public a realization of the seriousness of eye accidents, industrial and general, and to promote legislation prohibiting the use of air rifles and other dangerous toys.

On Wednesday morning Miss Eleanor P. Brown spoke on organizing local committees, drawing on the experience of the Junior Committee for the Prevention of Blindness in getting volunteer groups started in various localities. She was followed by Mr. Lewis H. Carris, who stressed the importance of full cooperation between governmental and private agencies in putting over a successful piece of work, bringing out the point that volunteer organizations should create the demand for expert service.

Dr. Elizabeth Kemper Adams, Educational Director of the Girl Scouts of America, then talked to the group about "What Youngsters Like," dividing youngsters into groups—the runabouts, or small ones of exploring age; those from nine to twelve, creative, immersed in their own affairs, with little interest in older people; and those of the "teen" age, particularly occupied with growing up and with the dignity of their own years. The spirit of adventure must be instilled into children that may be carried over into adult life. She suggested that group projects be stressed in a constructive way, so that there may be created a spirit of team work and cooperation. In opening the discussion of how to interest children, Mr. Charles F. Smith, representing the Boy Scouts of America, emphasized the importance of teaching health from the positive side and putting action into the program. To arouse real interest in boys they must be given something to do—concrete suggestions of active participation in the health program.

Members of the Institute especially interested to see actual demonstration of eye diseases and defects were taken to visit the clinic of Dr. Conrad Berens, Jr., at the New York Eye and Ear Infirmary. The Institute then concluded with a luncheon at the Women's City Club and a discussion of what the volunteer worker can do in behalf of the sight conservation class child. Of the

practical suggestions made, which it is hoped will bear fruit, report will be given in a later issue of THE NEWS LETTER.

There was evidenced at all the meetings of the Institute an appreciation on the part of the professional worker of the value of volunteer service. It was strongly felt that the new recruit should be given a practical amount of training in order to get a fair knowledge of the meaning of her work and the field to be covered; also, that before starting work the professional organization and the volunteer committee should carefully consider the situation and decide on a definite program.

ROUND TABLE CONFERENCE FOR THOSE INTERESTED IN SIGHT-SAVING CLASSES

November 12th. A special Round Table was arranged for those particularly interested in sight-saving classes. Four o'clock was selected, so that teachers in the vicinity might attend without losing time from their classes.

The discussion was opened by Dr. William M. Carhart, oculist of the Public School Eye Clinics of New York. He took up the subject of the responsibility of the oculist for making the sight-saving classes a success. He stressed the personal interest that must enter into the work, cooperation between the child and the oculist, the teacher and the oculist; visits by the oculist to the sight-saving classes in order to keep in close touch with the carrying out of the directions given by the oculist and the conditions under which the children work.

The responsibility of the supervisor for the success of these classes was presented by Miss Estella Lawes, Supervisor of the Cincinnati sight-saving classes, and Miss Ida E. Ridgeway, Supervisor of the Massachusetts classes. Miss Lawes emphasized the fact that the success of sight-saving classes depends largely upon the point of view of the community; that it is the duty of the supervisor so to bring the matter before the community that there will be a clear understanding of the differentiation between classes for the blind and sight-saving classes, since these groups need entirely different means of instruction; that the supervisor must have a very extended influence in gaining the cooperation of teachers of regular grades. Miss Ridgeway stressed the importance of the supervisor's duty to keep in close touch with eye conditions throughout the state, so that all children needing the ad-

vantages of sight-saving classes might have the best possible arrangements made.

The responsibility of the school principal for the success of these classes was presented by Miss Katherine D. Blake, of P. S. No. 6, Manhattan, New York. Miss Blake is particularly well fitted to speak on this subject because she has been serving for many years on the joint health committee of the National Education Association and the American Medical Association, giving particular attention to conservation of vision. She said that she felt the responsibility for the success of these classes differed very little from the principal's responsibility for all the classes in her school; that the principal must bend her energies to make every class and every child in her school an integral part of the whole, so that each child would be given those educational advantages best suited to meet his particular needs.

The necessity for adequate training of teachers for sight-saving classes was taken up by Miss Helen Worstell, who is conducting a course for such training at the New York University. Miss Worstell outlined her program, giving a proportionate amount of intensive study to the ocular and the pedagogic aspects.

At this meeting the first issue of the "Sight-Saving Class Exchange" was distributed.

Round Table Conference on Standardization of Examinations of Eyesight of School Children

November 13th. At half-past ten a conference was held to consider standardization of examinations of the eyesight of school children. Dr. Thomas D. Wood, chairman of the Joint Committee of the American Medical Association and the National Education Association, presided.

In opening the conference it was stated that a preliminary study had been made and presented to a conference group last spring for the purpose of determining whether an intensive study would be welcomed; that it was the opinion of those attending that conference that it would be a well worthwhile undertaking. A report was made of progress since the preliminary meeting in the study made by the National Committee for the Prevention of Blindness in cooperation with Dr. Wood's committee. The standards arrived at were fully discussed and it was decided that completed portions of the study should be put into printed form for general distribution.

ROUND TABLE ON PROPOSED SCIENTIFIC STUDY OF CAUSES OF BLINDNESS

November 17th a dinner meeting was held by a group of ophthalmologists to formulate plans for a scientific study of the causes of blindness. The committee is in charge of Dr. Conrad Berens, Jr., who presided at the meeting. He and his associate, Dr. LeGrand H. Hardy, had prepared a preliminary report of some research that they had already undertaken on the subject in preparation for this conference.

As a result of the discussion, in which everyone present took part, it was the unanimous opinion that the study would be of value not only to the National Committee for the Prevention of Blindness, but to ophthalmologists. The following recommendations were made:

1. That a committee of three be appointed by the chairman to make further plans.
2. That this committee be asked to draw up a statement of the problem and the cooperation which might be expected from ophthalmologists.
3. That this committee call a similar conference at some future time to consider its report.

WILLIAM HOLLAND WILMER FOUNDATION

Of unusual interest is the forming of this Foundation for the study and treatment of diseases of the eye.

The plan calls for the establishment of the Wilmer Ophthalmological Hospital and Clinic at Johns Hopkins Hospital and Medical School. It will have as its director Dr. William Holland Wilmer, an outstanding ophthalmologist, long a member of the Board of Directors of the National Committee for the Prevention of Blindness.

It has been the ardent hope of the National Committee, ever since its inception, that some such foundation might be established that would make possible a study of the etiology of eye diseases, especially of such dread diseases as trachoma and glaucoma.

In view of the interest expressed at the annual meeting on international questions regarding prevention of blindness, the following

extract is given from a letter from Dr. R. T. Uhls, formerly Medical Director and Ophthalmologist, Near East Relief, Caucasus area:

"Trachoma is the chief cause of blindness and is undoubtedly the most prevalent of all diseases in Oriental countries. The measures taken by the medical department of the Near East Relief in the prevention and treatment of this disease would seem to be pertinent and of interest to the Committee for the Prevention of Blindness.

"In May, 1921, the trachoma specialist was ordered to the Caucasus. . . . The condition found on arrival was about as follows:

"Fourteen thousand cases of a malignant, malicious, virulent, contagious eye disease, out of a total of twenty-five thousand orphans; eleven thousand normal cases living in close contact with the diseased. The hospitals were taxed to capacity with general diseases. No means for isolation was at hand; there were no properly trained doctors or nurses and supplies and equipment were sadly lacking.

"The problem of isolation was met by repairing and rebuilding Seversky Barracks, an army post built by the Czar, but partly destroyed, containing forty-three buildings, and placing the three thousand five hundred severe cases there. The remaining mild cases were placed, boys in one post, girls in another. The normal cases were removed to Djalal-Ougli, a post forty miles distant.

"Then intensive work began; doctors were given special instructions; a training school for nurses recruited from our own orphanages was opened; operating rooms began functioning, and out clinics were established wherever necessary. *Every child* with a trachoma diagnosis received a *daily* treatment. At one time 98,000 treatments were given weekly. It was remarkable how soon the Armenian girl nurses learned to treat deftly and quickly. Generations of rug weaving have given them nimble fingers.

"In this connection it may be well to describe our method of examination which is particularly adapted to the rapid examination of large numbers.

"Cotton-tipped applicators are prepared in advance, one for each patient to be examined. Small cards are prepared with the various diagnoses printed on them.

"The examiner puts on a rubber apron, a rubber glove on his left hand, and a Turkish towel across his left knee. A nurse is behind him ready to hand him the applicators one at a time as the patient steps up. A bowl of weak bichloride solution is at the examiner's left side. The examiner seizes an applicator with his right hand, dips his left hand into the solution, wipes it on the towel (which is frequently changed), grasps the lashes and quickly everts the lid over the applicator. He calls out the diagnosis and

the proper card is given to the child, who marches in the line to the recorder, who takes the card to be used over again.

"Number trachoma cases, June 1, 1921.... 14,000
" " " Jan. 1, 1922.... 9,252
" " " Jan. 1, 1923.... 5,140
" " " Jan. 1, 1924.... 3,163

The cases remaining January 1, 1924, have been under treatment for over two years and will soon be discharged as cured.

"We did not put forth any special propaganda for the prevention of blindness in Armenia, but we trained doctors and nurses to fight trachoma, and twenty-five thousand children know that trachoma can be cured."

BULLETINS AND ARTICLES OF INTEREST

SIGHT-SAVING CLASS EXCHANGE. A new bulletin issued by the National Committee for the Prevention of Blindness, acting as a clearing house for the exchange of ideas, suggestions for the use of material or for methods of instruction helpful, in particular, to teachers of sight-saving classes, and, in general, to all teachers interested in conserving the sight of their pupils. Copies will be sent by the National Committee for the Prevention of Blindness, 130 E. 22d Street, New York, on request.

A PROGRAM OF STATE ACTIVITY IN PREVENTION OF BLINDNESS, Lewis H. Carris, *The Nation's Health*, November 15, 1924. Published by the Modern Hospital Publishing Company, Inc., Chicago, Ill. Reprints may be obtained from the National Committee for the Prevention of Blindness, 130 East 22d Street, New York. Calls for creation of state commissions for investigation, research and general education which would cooperate with existing health agencies.

TEST OF EYESIGHT OF 12,000 SCHOOL CHILDREN, Selwyn D. Collins, *Public Health Reports*, Nov. 28, 1924. Issued by the U. S. Public Health Service, Washington, D. C. A statistical study of the results of vision tests of 9,245 native white children in New York State, Delaware, South Carolina and Frederick Co., Md., and of 2,636 white children in Cecil County, Md.

THE RESPONSIBILITIES OF BOARDS OF HEALTH AND BOARDS OF EDUCATION IN THE CONSERVATION OF VISION IN CHILDREN, Lewis H. Carris, *American Journal of Public Health*, November, 1924. Copies may be obtained from the National Committee for the Prevention of Blindness. Gives the results to date of a study being made by the National Committee for the Prevention of Blindness in cooperation with various agencies to describe and evaluate actual practices followed in public schools and to prepare a recommended procedure.

Rural and Urban Health, W. P. Shepard, M.D., H. S. Diehl, M.D., *Journal of the American Medical Association*, October 11, 1924. A comparison of physical defects in University students from rural and urban districts. Results of examination of 3,748 university men: 438, or 12.6%, found with eye defects—rural districts, 7.3%; villages, 11.4%; towns, 10.9%; small cities, 12.7%; cities over 50,000, 14.4%.

Rural Health Demonstration, Milbank Memorial Fund, *Quarterly Bulletin*, October, 1924. Deals with school medical examinations in Cattaraugus County, New York. Total rural school population examined, 7,758; of these, 8.2% had defective vision.

Making the Blind to See, Ven. J. Rockwood Jenkins, *The Spirit of Missions*, November, 1923. Published at 281 Fourth Avenue, New York City. Account of the work done at the Hospital of the Good Shepherd, Fort Defiance, Arizona, for the treatment and eradication of trachoma among the Navajo Indians.

Have I Good Eyes? Edward Jackson, *Hygeia*, October, 1924. Published by American Medical Society, 535 North Dearborn Street, Chicago, Ill. Explanation of the use of the Snellen Chart for testing visual acuity; signs of over strain and some suggestions for the correct use of the eyes.

"Signs of Carefulness," "A Handy Eye Bath," "Dangerous," "Common Sense." Good eye posters appearing in *National Safety News*, October, 1924. Published by National Safety Council, Chicago, Illinois.

Of Interest to Industrial and Medical Readers

Report of the Committee on the Standardization of the Degree of Disability in Industrial Injuries, Elbert S. Sherman, M.D. Copies may be obtained from Dr. Elbert S. Sherman, 671 Broad Street, Newark, N. J. Presents the problem of standardization from the viewpoint of visual acuity, muscle tension and field of vision. Adopted by the Medical Society of the State of New Jersey, June 5, 1924, and recommended for use throughout the state.

Treatment of Lime Burns of the Eye, Otto Barkan, M.D., Hans Barkan, M.D., *Journal of the American Medical Association*, November 15, 1924. Published by the American Medical Association, 535 North Dearborn St., Chicago, Ill. "Of all the injuries to the eye, among the most disastrous is a burn, especially one due to the action of a chemical irritant, such as quicklime. It may result in adhesions of the conjunctiva, in opacification of the cornea with marked reduction of vision and even in loss of the eyeball."

Process of a lime burn is described, treatment suggested and several cases are cited in detail.

OBSERVATIONS DURING A STUDY OF STEAM LAUNDRIES, *Industrial Hygiene Bulletin*, October, 1924. Published by New York State Department of Labor, Albany, N. Y. Girls working at a temperature of 90° or over, found to be suffering from low grade conjunctivitis probably produced by drops of sweat falling into eyes. Suggestion made of wearing sweat bands to prevent this.

OF INTEREST TO MEDICAL READERS AND SOCIAL WORKERS

A SURVEY OF THE FACILITIES PROVIDED IN SYRACUSE, NEW YORK, FOR THE PREVENTION AND TREATMENT OF GONORRHEA AND SYPHILIS ((Incomplete), Walter M. Burnet, M.D., Mary A. Clark, M.A., Haven Emerson, M.D., Consultant. Published by the Department of Health, Syracuse, New York. "The data presented in this report are based on personal interviews, visits to hospitals, clinics, the medical college, the Syracuse Free Dispensary, the Department of Charities of the City, the Visiting Nurse Association, and other organizations whose activities touch upon the field of the control of venereal disease.

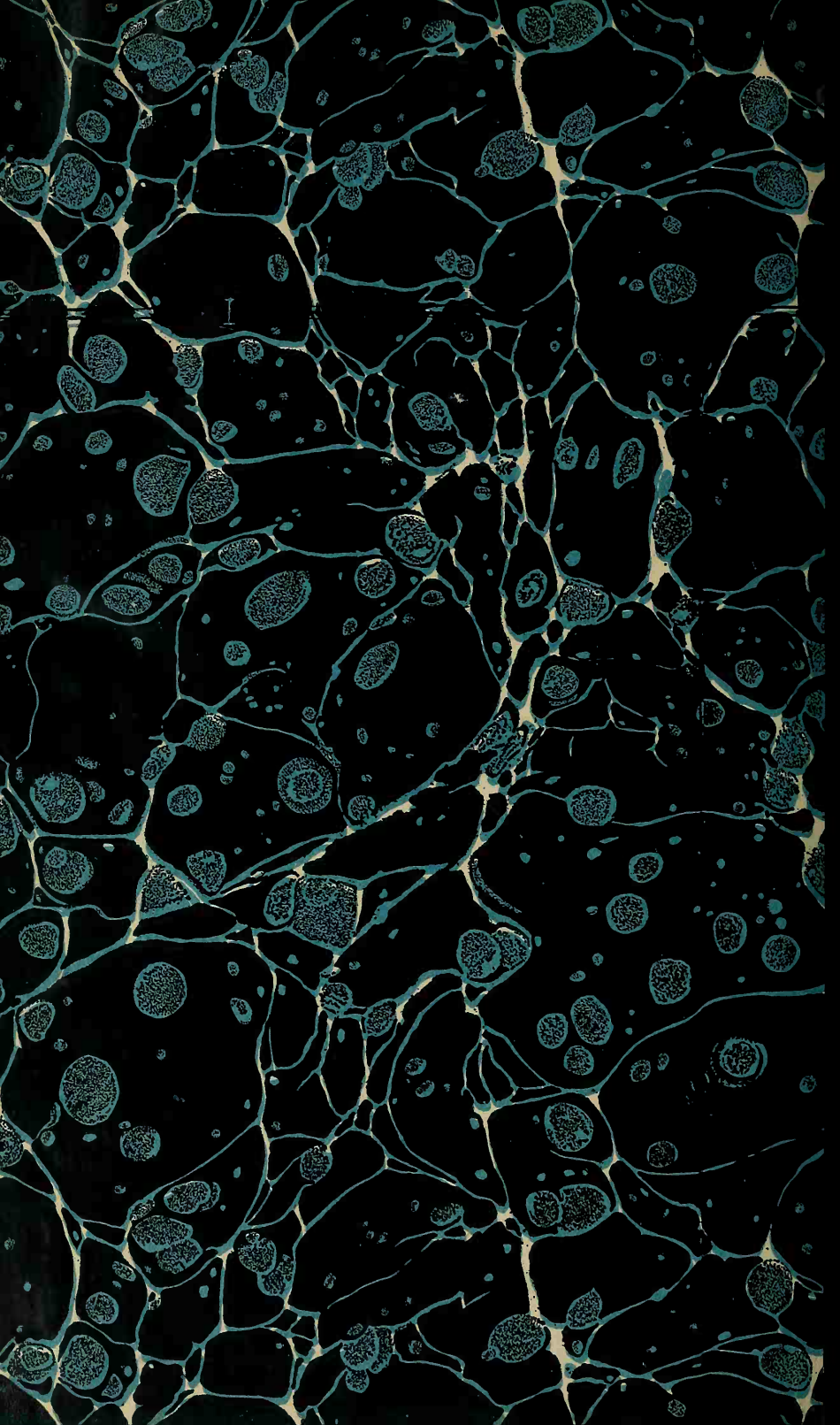
"The study deals with the actual disease program at the present time. The facts as found are stated. Recommendations for their improvement are offered."

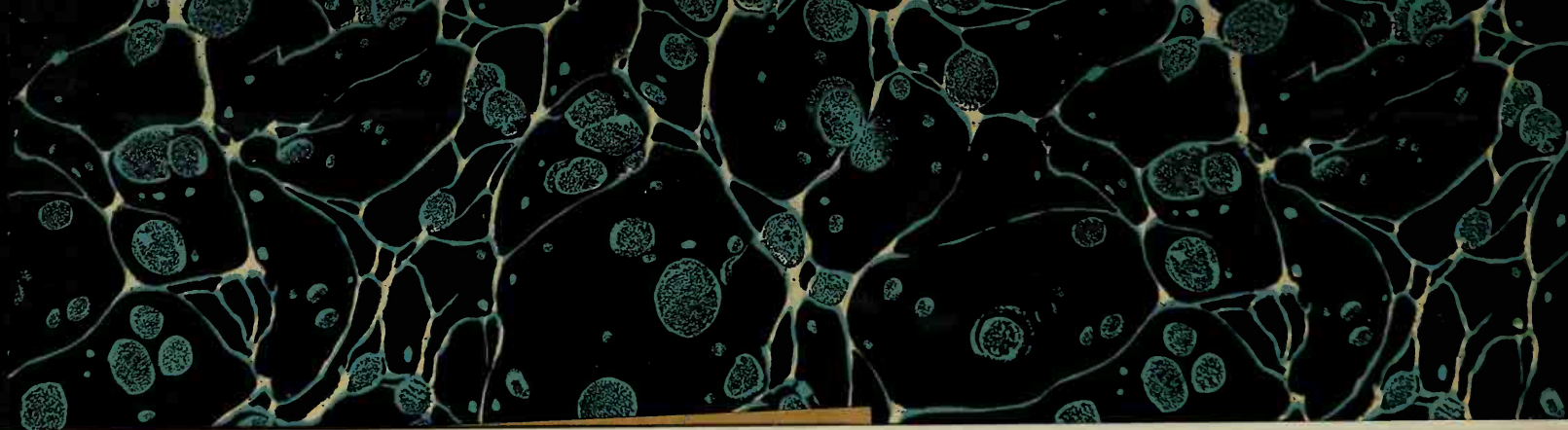
OF INTEREST TO MEDICAL READERS

ANIRIDIA IN FIVE GENERATIONS, Hugh L. Dwyer, M.D., The *Journal of the American Medical Association*, November 15, 1924. Published by the American Medical Association, 535 North Dearborn St., Chicago, Ill. The article is based on the findings in nine cases of aniridia in five generations. The influence of heredity is most strikingly seen; the character behaves as a mendelian dominant.

A CASE OF ORBITAL LYMPHANGIOMA, Walter Scott Franklin, M.D., Frederick P. Cordes, M.D., *Journal of the American Medical Association*, November 29, 1924. Published by the American Medical Association, 535 North Dearborn St., Chicago, Ill. Full details given of lymphangioma of the orbit in a child of eight. Thirteen other cases are reviewed.

SIMPLE OPERATION FOR RELIEF OF MILD TYPES OF ENTROPION AND ECTROPION OF LOWER LID, J. E. Jennings, M.D., *Journal of the American Medical Association*, October, 1924. Published by American Medical Association, 535 North Dearborn Street, Chicago, Ill. Discussion of operation given and advantages summed up. Discussion by Dr. William H. Wilder, Chicago, Dr. S. Lewis Ziegler, Philadelphia, Dr. John Green, Jr., St. Louis, Dr. G. S. Savage, Nashville.





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